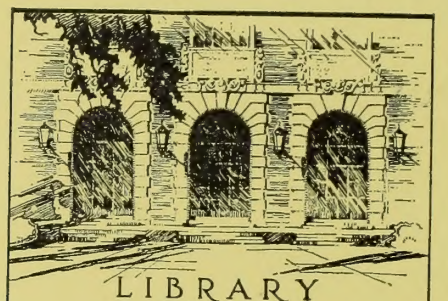


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ENDOCRINOLOGY INDEX

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PREFACE

The Endocrinology Index is a bimonthly publication of the National Institute of Arthritis and Metabolic Diseases. This selected bibliography which is produced from the National Library of Medicine's Medical Literature Analysis and Retrieval System (MEDLARS), has been initiated to supply those scientists working in the field of endocrinology with a much needed current awareness tool and is intended to help facilitate greater integration of research and clinical efforts in this field.

The National Institute of Arthritis and Metabolic Diseases is able to make available to qualified investigators in the field of endocrinology a limited number of free copies. Requests from qualified individuals to receive free copies of this publication, address changes, and other communications should be addressed to:

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National Institute of Arthritis and
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Use of funds for printing this publication approved by the Director of the Bureau of the Budget on October 7, 1968.

Acknowledgment

The Endocrinology Index was compiled with the cooperation and assistance of the staff of the National Library of Medicine. The citations were processed by the Library's computer-based Medical Literature Analysis and Retrieval System (MEDLARS) and were printed from film composed by Graphic Arts Composing Equipment (GRACE), MEDLARS' high-speed phototypesetter.

EXPLANATION OF FORMAT

The period covered by this issue of the bibliography corresponds to the same months of Index Medicus. The journal coverage is limited to journals covered by Index Medicus, but the Endocrinology Index contains additional subject headings that are not included in Index Medicus. This Endocrinology Index is arranged in seven sections: 1) Table of Contents; 2) Subject Section; 3) Review Section; 4) Method Section; 5) Author Section; 6) Subject Index; and 7) Author Index.

Subject Section

This section is for the reader interested in recent literature related to certain broad topics. The subject section is divided into eight categories (pituitary, thyroid, etc.). The endocrine pancreas has not been included since it is the subject of another recurring bibliography, Diabetes Literature Index. Each category has a preconceived hierarchical organization of subject headings. A particular citation may appear more than once if it deals with multiple topics. Each citation to an article contains the full title, first author, and journal reference. If the article is written in a foreign language, the language is indicated. If the citation is to a review article, the number of references is given.

Author Section

This section provides the reader with a list of keywords or index terms assigned to each citation. In this section each article appears only once. The citations are arranged alphabetically according to first author and are numbered consecutively. These numbers are then used in the Author and Subject Indexes to enable the reader to identify references with ease. The complete citations (including index terms) are found in this section, but only the first three authors are listed. Foreign titles appear in the original language; these titles have been translated into English in the Subject Section. Following each citation are index terms which have been assigned to describe the contents of the article. Index terms appear in capital letters; some of these are accompanied by subheadings which appear in lower case letters; asterisks (*) identify the index terms under which articles appear in Index Medicus.

Subject Index

All of the index terms assigned to the citations appearing in the bibliography are listed, followed by citation numbers which correspond to the numbers in the Author Section. This section is included for the convenience of the reader who wishes to select articles falling in categories of his own conception. For example, one who is interested in protein binding of a particular hormone could quickly find whether there were any articles dealing with this subject by seeing whether there were any citation numbers common to the two headings "protein binding" and the name of the specific hormone.

Author Index

The names of all authors are listed, followed by citation numbers which correspond to the numbers in the Author Section.

SUBHEADINGS

Definitions for subheadings used by the National Library of Medicine may be found in Vol. 1, No. 1, 1968 of the Endocrinology Index or in Part 2 of the January issue of Index Medicus.

Subheadings which may be used with anatomical terms are:

- abnormalities
- analysis
- anatomy & histology
- blood supply
- cytology
- drug effects
- embryology
- enzymology
- growth & development
- immunology
- injuries
- innervation
- metabolism
- microbiology
- pathology
- physiology
- physiopathology
- radiation effects
- radiography
- secretion
- surgery
- transplantation

Subheadings which may be used with disease terms are:

- blood
- cerebrospinal fluid
- chemically induced
- classification
- complications
- congenital
- diagnosis
- drug therapy
- enzymology
- etiology
- familial & genetic
- history
- immunology
- metabolism
- microbiology
- mortality
- nursing
- occurrence
- pathology
- physiopathology
- prevention & control
- radiography
- radiotherapy
- rehabilitation
- surgery
- therapy
- urine
- veterinary

Subheadings which may be used with hormones, precursors, metabolites and synthetic analogs are:

- administration & dosage
- adverse effects
- analysis
- antogonists & inhibitors
- biosynthesis
- blood
- cerebrospinal fluid
- chemical synthesis
- classification
- diagnostic use
- history
- isolation & purification
- metabolism
- pharmacodynamics
- physiology
- poisoning
- radiation effects
- secretion
- standards
- supply & distribution
- therapeutic use
- toxicity
- urine

NATIONAL LIBRARY OF MEDICINE LITERATURE SEARCHES

Literature searches are bibliographies on specific biomedical subjects periodically published by the National Library of Medicine, National Institutes of Health. Originally prepared by the Library's computer-based MEDLARS (Medical Literature Analysis and Retrieval System) in response to requests from physicians, researchers, and educators, these bibliographies are reprinted and made available to interested health professionals on request. They consist of references to articles from the world's biomedical journal literature.

An up-to-date listing of all literature searches as well as single copies of the literature searches may be requested from the Office of Public Information, National Library of Medicine, 8600 Rockville Pike, Bethesda, Maryland 20014.

L.S. No	Title
3-66	Erythropoiesis and androgens. January 1964-December 1965. (17 citations)
1-68	Clinical studies involving estrogens. Mid-1963-September 1967. (190 citations)
13-68	Effects of progestational hormones and estrogens on fertility and fetal development. January 1964-June 1968. (209 citations)
18-68	Factors in glucose tolerance in aged humans. January 1964-July 1968. (23 citations)
22-68	Diabetes and lipid metabolism in man. January 1964-August 1968. (408 citations)
25-68	Effect of estrogens and progestins on carbohydrate metabolism. January 1964-August 1968. (137 citations)
35-68	Transplantation of reproductive organs. January 1964-July 1968. (55 citations)
36-68	Blood coagulation during use of oral contraceptives. January 1964-August 1968. (159 citations)

CLASSIFICATION OF THYROID DISEASE

The following classification of thyroid disease consists of thyroid nomenclature accepted by the American Thyroid Association and developed by a committee of the Association, Dr. Sidney C. Werner, Chairman; and the corresponding medical subject headings (MeSH) used in the Endocrinology Index.

The MeSH terms appear in capital letters, and appropriate subheadings follow in small letters, separated by a transverse bar. If more than one MeSH term is applicable, the terms are separated by the word "or". For example, I. H. Congenital anomaly would appear under THYROID GLAND/ abnormalities (or) STRUMA OVARII depending on the content of the article. If it is necessary to use two or more terms to cover a concept, the terms are separated by the word "and". For example, I. A. 2. b. Iodine excess would appear under GOITER (and) IODINE/adverse effects.

It is hoped that this will be useful to the user of the Endocrinology Index as well as to the indexers at the National Library of Medicine. We are grateful to Dr. Werner for making the nomenclature available to us.

CLASSIFICATION OF THYROID DISEASE

AMERICAN THYROID ASSOCIATION	MeSH TERMS
I. Diseases primarily characterised by Euthyroidism	
A. Non-toxic diffuse goiter	GOITER
1. Sporadic, due to (specify cause or chemical agent)	GOITER (and specific cause or chemical agent)
a. Cause unknown	GOITER
b. Congenital defect in hormonal synthesis (specify biochemical defect)	GOITER/congenital (and specific biochemical defect)
c. Chemical agents, e.g., thiocyanate, PASA	GOITER/chemically induced (and) THIOCYANATE, etc. (or) THYROID ANTAGONISTS if no specific term is available
d. Iodine deficiency	GOITER (and) DEFICIENCY DISEASES (and) IODINE
2. Endemic (specify cause, if determined)	GOITER
a. Iodine deficiency	GOITER (and) DEFICIENCY DISEASES (and) IODINE
b. Iodine excess	GOITER (and) IODINE/adverse effects
c. Dietary goitrogens	GOITER (and) THYROID ANTAGONISTS (and) DIET (and specific food if term is available)
d. Any of above causes, plus sporadic goiter	GOITER

AMERICAN THYROID ASSOCIATION	MeSH TERMS
3. Compensatory, following subtotal thyroidectomy	GOITER (and) THYROIDECTOMY
B. Non-toxic uninodular goiter	GOITER
1. Functional nodule (specify if autonomous or TSH dependent)	GOITER
2. Non-functional	GOITER
C. Non-toxic multinodular goiter due to (specify causes under IA, and whether sporadic or endemic)	GOITER
a. Functional nodules	GOITER
b. Non-functional nodules	GOITER
c. Functional and non-functional nodules	GOITER
D. Tumors (subclassification pathologically, Table I) Not included in this classification	THYROID NEOPLASMS
1. Adenoma and teratoma	THYROID NEOPLASMS (and) ADENOMA (or) TERATOID TUMOR
2. Carcinoma	THYROID NEOPLASMS (and) CARCINOMA
a. Primary in thyroid	THYROID NEOPLASMS (and) CARCINOMA
b. Secondary to cancer elsewhere (specify organ of origin and presence of hyper or hypothyroidism)	THYROID NEOPLASMS (and) NEOPLASMS METASTASIS
3. Lymphoma	THYROID NEOPLASMS (and) LYMPHOMA
4. Sarcoma	THYROID NEOPLASMS (and) SARCOMA

AMERICAN THYROID ASSOCIATION	MeSH TERMS
E. Acute Thyroiditis	THYROIDITIS (and) ACUTE DISEASE
1. Suppurative (specify organism, if determined)	THYROIDITIS (and) ACUTE DISEASE (and specific organism, if determined)
2. (Subacute) non-suppurative (specify virus, if determined)	THYROIDITIS (and) ACUTE DISEASE (and specific virus, if determined)
F. Chronic Thyroiditis	THYROIDITIS (and) CHRONIC DISEASE
1. Lymphocytic (Hashimoto)	THYROIDITIS, LYMPHOMATOUS (and) CHRONIC DISEASE
a. Variants	THYROIDITIS, LYMPHOMATOUS (and) CHRONIC DISEASE
(1) Fibrous	THYROIDITIS, LYMPHOMATOUS (and) CHRONIC DISEASE
(2) Adolescent	THYROIDITIS, LYMPHOMATOUS (and) CHRONIC DISEASE
(3) Atrophic (see IIIA)	THYROIDITIS, LYMPHOMATOUS (and) CHRONIC DISEASE
(4) Focal	THYROIDITIS, LYMPHOMATOUS (and) CHRONIC DISEASE
b. With eye changes of Graves' disease	THYROIDITIS, LYMPHOMATOUS (and) CHRONIC DISEASE (and) EYE MANIFESTATIONS (or) EXOPHTHALMOS
2. Invasive fibrous (Riedel)	THYROIDITIS (and) CHRONIC DISEASE
3. Suppurative (specify organism, if determined)	THYROIDITIS (and) CHRONIC DISEASE (and specific organism)

AMERICAN THYROID ASSOCIATION	MeSH TERMS
4. Non-suppurative (specify etiology)	THYROIDITIS (and) CHRONIC DISEASE (and specific etiology)
G. Degeneration or Infiltration	THYROID DISEASES
1. Hemorrhage or infarction	THYROID DISEASES (and) HEMORRHAGE (or) INFARCTION
a. Spontaneous (into preexisting nodule)	THYROID DISEASES (and) HEMORRHAGE (or) INFARCTION
b. Traumatic	THYROID GLAND/injury
2. Amyloid	THYROID DISEASES (and) AMYLOIDOSIS
3. Hemochromatosis	THYROID DISEASES (and) HEMOCHROMATOSIS
H. Congenital anomaly [specify location (includes teratoma of ovary)]	THYROID GLAND/abnormalities (or) STRUMA OVARII
II. Diseases primarily characterised by Hyperthyroidism	HYPERTHYROIDISM
A. Toxic diffuse goiter (Graves'disease)	GOITER, EXOPHTHALMIC
1. With eye changes (ophthalmopathy)	GOITER, EXOPHTHALMIC (and) EYE MANIFESTATIONS
2. With localized myxedema (dermopathy)	GOITER, EXOPHTHALMIC (and) MYXEDEMA
3. With acropachy	GOITER, EXOPHTHALMIC
4. Neonatal or congenital (specify which)	GOITER, EXOPHTHALMIC (and) HYPERTHYROIDISM/congenital (or) HYPERTHYROIDISM (and) INFANT, NEWBORN
5. With incidental non-functional nodule or nodules	HYPERTHYROIDISM (or) GOITER, EXOPHTHALMIC

AMERICAN THYROID ASSOCIATION	MeSH TERMS
6. With euthyroidism and eye changes	GOITER (and) EYE MANIFESTATIONS (or) EXOPHTHALMOS
B. Toxic uninodular goiter	HYPERTHYROIDISM (and) GOITER
C. Toxic multinodular goiter	HYPERTHYROIDISM (and) GOITER
1. Functional nodules, non-functional parenchyma	HYPERTHYROIDISM (and) GOITER
2. Functional nodules, functional parenchyma (specify if variant of Graves' disease)	HYPERTHYROIDISM (and GOITER, EXOPHTHALMIC if applicable)
D. Nodular goiter with hyperthyroidism due to exogenous iodine (Jod Basedow)	GOITER (and) HYPERTHYROIDISM/chemically induced (and) IODINE/adverse effects
E. Exogenous thyroid hormone excess	HYPERTHYROIDISM/chemically induced (and) THYROID HORMONES/adverse effect (or) THYROXINE/adverse effects (or) TRIIODOTHYRONINE/adverse effects
1. Thyrotoxicosis factitia (self-administered)	HYPERTHYROIDISM/chemically induced (and) THYROTOXICOSIS/chemically induced (and) DRUG ABUSE
2. Thyrotoxicosis medicamentosa (medicinal)	HYPERTHYROIDISM/chemically induced (and) THYROTOXICOSIS/chemically induced (and) DRUG ABUSE
F. Tumors	THYROID NEOPLASMS
1. Adenoma of thyroid, follicular	THYROID NEOPLASMS (and) ADENOMA
2. Carcinoma of thyroid, follicular	THYROID NEOPLASMS (and) CARCINOMA
3. Thyrotropin-secreting tumors	HYPERTHYROIDISM (and) HORMONES, ECTOPIC (and) THYROTROPIN/secretion (and) NEOPLASMS

AMERICAN THYROID ASSOCIATION	MeSH TERMS
a. Choriocarcinoma	HYPERTHYROIDISM (and) HORMONES, ECTOPIC (and) THYROTROPIN/secretion (and) CHORIOCARCINOMA
b. Hydatidiform mole	HYPERTHYROIDISM (and) HORMONES, ECTOPIC (and) THYROTROPIN/secretion (and) HYDATIDIFORM MOLE
c. Other (specify)	HYPERTHYROIDISM (and) HORMONES, ECTOPIC (and) THYROTROPIN/secretion (and specific neoplasm)
III. Diseases primarily characterised by Hypothyroidism	HYPOTHYROIDISM
A. Idiopathic hypothyroidism (see Chronic lymphocytic thyroiditis, atrophic variant)	HYPOTHYROIDISM
1. Myxedema	HYPOTHYROIDISM (and) MYXEDEMA
2. Cretinism	CRETINISM
a. Endemic (specify cause, if determined; presence of deaf-mutism or neurological deficits)	CRETINISM (and specific cause if determined; DEAF-MUTISM (or) NEUROLOGIC MANIFESTATIONS if present)
b. Due to congenital aplasia (specify if ectopic tissue present)	CRETINISM (and) THYROID GLAND/abnormalities
B. Thyroid destruction due to (specify)	HYPOTHYROIDISM
1. Surgery	HYPOTHYROIDISM (and) THYROIDECTOMY
2. Radioiodine	HYPOTHYROIDISM (and) THYROID GLAND/radiation effects (and) IODINE ISOTOPES
3. X-ray	HYPOTHYROIDISM (and) THYROID GLAND/radiation effects (and) RADIATION

AMERICAN THYROID ASSOCIATION	MeSH TERMS
C. Thyrotropin deficiency	HYPOTHYROIDISM (and) HYPOPITUITARISM
1. Isolated	HYPOTHYROIDISM (and) HYPOPITUITARISM
2. Panhypopituitarism (specify tropic deficiencies)	HYPOTHYROIDISM (and) HYPOPITUITARISM
D. Thyrotropin releasing factor (TRF) deficiency due to hypothalamic injury or disease	HYPOTHYROIDISM (and) THYROTROPIN RELEASING FACTOR (and) HYPOTHALAMUS/ injuries (or) HYPOTHALAMUS (and) BRAIN DISEASES

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Sedimentation pattern of soluble protein from thyroids of iodine deficient rats; acute effects of iodide. Inoue K, et al. Endocrinology 83:816-32, Oct 68
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THYROID

V. Related Topics

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Needle aspiration of malignant (progressive) endocrine exophthalmos. Haddad HM.
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COMPLICATIONS

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IODIDES

ADVERSE EFFECTS

[Iodinated drugs and tests of thyroid function] Liewendahl K. **Nord Med** 80:1389-93, 17 Oct 68 **(Swe)**

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Sedimentation pattern of soluble protein from thyroids of iodine deficient rats; acute effects of iodide. Inoue K, et al. **Endocrinology** 83:816-32, Oct 68

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A comparison between the inhibitory effect of perchlorate on iodide and pertechnetate concentrations in saliva in man. Harden RG, et al. **Quart J Exp Physiol** 53:227-38, Jul 68

CEREBROSPINAL FLUID

Distribution of C14-sucrose and I125-iodide in the central nervous system of the cat after various routes of injection into the cerebrospinal fluid. Korobkin RK, et al. **J Pharmacol Exp Ther** 164:412-20, Dec 68

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TRIAMCINOLONE

ADMINISTRATION & DOSAGE

The management of iridocyclitis with neo-ledercort eye drops. Dordi HK. **J All India Ophthal Soc** 15:153-6, Aug 67

ANTAGONISTS & INHIBITORS

Alteration in the magnitude of induction of tyrosine transaminase by glycocorticoids. The effects of phenobarbital, o,p'DDD and beta-diethylaminoethyl diphenylpropylacetate (SKF 525A). Kupfer D. **Arch Biochem** 127:200-6, 20 Sep 68

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ADRENAL

IV. Related Topics

AMINOGLUTETHIMIDE

PHARMACODYNAMICS

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ETHYNODIOL DIACETATE

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HYDROXYPREGNENOLONE

ANALYSIS

Steroid hormone formation in the human ovary. VI. Evidence for two pathways of synthesis of androgens in the stromal compartment. Leymarie P, et al.
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BIOSYNTHESIS

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De novo steriod sulfate biosynthesis. Jaffe RB, et al.
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PARATHYROID AND BONE

I. Physical and Functional Aspects

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PARATHYROID AND BONE

II. *Disorders of the Parathyroid Glands*

HYPERPARATHYROIDISM

Acute hyperparathyroid crisis. Bartlett WC. **Amer J Surg** 114:796-9, Nov 67

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[Therapy of primary, secondary and tertiary hyperparathroidism] Bartelheimer H, et al. **Munchen Med Wschr 110:1993-7, 6 Sep 68 (Ger)**

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Laboratory tests fro hyperparathyroidism. Gordan GS, et al. **JAMA 206:2729-31, 16 Dec 68**

HYPOPARATHYROIDISM

CHEMICALLY INDUCED

Experimental parathyroid hormone deficiency produced by injection of antibodies to bovine parathyroid hormone. Kooh SW, et al. **Canad J Physiol Pharmacol 46:441-8, May 68**

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The crystalline lens in chronic surgical hypoparathyroidism. Ireland AW, et al. **Arch Intern Med (Chicago) 122:408-11, Nov 68**

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PREVENTION & CONTROL

The clinical application of in vivo parathyroid staining. Owens MP, et al. **Surgery 64:1049-52, Dec 68**

PARATHYROID DISEASES

BLOOD

Measurement of circulating parathyroid hormone concentration before and after parathyroid surgery for adenoma or hyperplasia. Egdahl RH, et al. **Ann Surg 168:714-9, Oct 68**

COMPLICATIONS

The nevoid basal cell carcinoma syndrome. Autopsy findings. Taylor WB, et al. **Arch Derm (Chicago) 98:612-4, Dec 68**

DIAGNOSIS

In vivo staining of the parathyroid glands. A clinical study. Hurvitz RJ, et al. **Arch Surg (Chicago) 97:722-6, Nov 68**

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PARATHYROID GLANDS

ABNORMALITIES

Sudden death in babies: epidemiology. Froggatt P, et al. **Amer J Cardiol 22:457-68, Oct 68 (122 ref.)**

Implantation of a foetal thymus, restoring immunological competence in a patient with thymic aplasia (Digeorge's syndrome). August CS, et al. **Lancet 2:1210-1, 7 Dec 68**

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PARATHYROID NEOPLASMS

BLOOD

Measurement of circulating parathyroid hormone concentration before and after parathyroid surgery for adenoma or hyperplasia. Egdahl RH, et al. **Ann Surg 168:714-9, Oct 68**

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III. Parathyroid Hormone

PARATHYROID HORMONE

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The central nervous system, estrogen and puberty. Motta M, et al. Endocrinology 83:1101-7, Nov 68
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I. Disorders of the Amygdaloid Body

HYPOTHALAMUS

INJURIES

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PINEALOMA

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ctopic pinealoma with meningeal and ependymal spread. Dastur HM, et al.
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III. Neuroendocrine System Hormones, Precursors, Metabolites and Synthetic Analogs

CORTICOTROPIN RELEASING FACTOR

CHEMICAL SYNTHESIS

[Isolation of CRF from the rat hypothalamus and CRF action of synthetic peptides] Tanaka A, et al. Saishin Igaku 23:829-31, Apr 68 (Jap)

ISOLATION & PURIFICATION

[Isolation of CRF from the rat hypothalamus and CRF action of synthetic peptides] Tanaka A, et al. Saishin Igaku 23:829-31, Apr 68 (Jap)

METABOLISM

[Biosynthesis and feedback mechanism of ACTH] Kumagai A, et al. Saishin Igaku 23:837-9, Apr 68 (Jap)

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[Pituitary-adrenal function in rats with hereditary diabetes insipidus] Saito T, et al. Saishin Igaku 23:822-3, Apr 68 (Jap)

MELATONIN

ANALYSIS

[Melatonin and serotonin in the pineal gland of some animal species] Sellei K, et al. Schweiz Arch Tierheilk 110:395-8, Aug 68 (Ger)

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Effects of various compounds on growth of yeast cells of Histoplasma capsulatum. McVeigh I, et al. Mycopathologia 35:313-23, 14 Oct 68

PITUITARY HORMONE RELEASING FACTORS

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ISOLATION & PURIFICATION

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Studies on the site of action of oral contraceptive steroids. I. Effect of antifertility steroids on plasma LH levels and on the response to luteinizing hormone-releasing factor in rats. Schally AV, et al. J Clin Endocr 28:1747-55, Dec 68

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[Ovulation hormone releasing factors (OH-RF) and the hypothalamus] Kanematsu S. Saishin Igaku 23:849-51, Apr 68 (Jap)

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[Regulation of TSH secretion by TRF] Sakoda M, et al. Saishin Igaku 23:813-8, Apr 68 (Jap)

APPENDIX

ORMONES, ECTOPIC

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METABOLISM

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[Corticotropin-producing tumors illustrated by a case of prostate cancer] Jensen EM, Ugeskr Laeg 130:943-7, 30 May 68 (Dan)

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Hormonal Syndromes associated with neoplasia. Lipsett MB, Advances Metab Dis 3:111-52, 1968 (207 ref.)

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THERAPEUTIC USE

[The therapy of virus diseases using corticosteroids] Schumacher H.
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CALCIFICATION, PHYSIOLOGIC

[Biochemical aspects of bone calcification] Szot Z.
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[Endocrine pathology and ovulation] Serban AM.
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PHYSIOLOGY

[Some problems of neuroendocrinology in the light of biometeroological considerations] Leszczyński B.
Wiad Lek 21:1421-5, 15 Aug 68 (21 ref.) (Pol)

GONADS

EMBRYOLOGY

[The development of sex glands and the origin of sex cells in human embryogenesis] Falin LI.
Arkh Anat 54:1-29, Feb 68 (63 ref.) (Rus)

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[Recent data on the phenomena of lipolysis in adipose tissue] Combret Y, et al.
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PHYSIOLOGY

[Role of hormones in carcinogenesis and cancer development with special reference to the pituitary gland and its target organs] Yokoro K, et al.
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HYDROCORTISONE

THERAPEUTIC USE

[Use of cortisol and its derivatives in clinic practice] Egorova LI. Ter Arkh 39:16-24, Jun 67 (54 ref.) (Rus)

HYPERALDOSTERONISM

COMPLICATIONS

[Aldosterone in the pathogenesis of metabolic alkalosis] Peters G.
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HYPOTHALAMO-HYPOPHYSEAL SYSTEM

INNERVATION

[Morphologic aspects of the hypothalamo-hypophyseal neurohumoral transmission (innervational relationships in the neurohypophysis of mammals)] Akmaev IG. Arkh Anat 55:144-54, 1968 (118 ref.) (Rus)

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PHYSIOLOGY

[On the neurohumoral mechanisms of the hypothalamic integrative processes] Benetato G.
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[Metabolism of calcium and strontium during lactation] Duraković A.
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METABOLISM

Bone remodeling and balance and the development of osteoporosis. Epker BN.
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OVARIAN DISEASES

ENZYMOLOGY

[Clinical pathological significance of ovarian and testicular enzymopathies] Julesz M.
Orv Hetil 109:505-11, 10 Mar 68 (130 ref.) (Hun)

PHEOCHROMOCYTOMA

DIAGNOSIS

[On the inerpretation of the behavior of catecholamines in the diagnosis of pheochromocytoma] Singer P, et al.
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ITUITARY GLAND

DRUG EFFECTS

ndocrine effects of psychotropic drugs: V. Pituitary-thyroid axis. Shader RI, et al. Conn Med 32:679-84 passim, Sep 68 (88 ref.)

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ITUITARY NEOPLASMS

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Role of hormones in carcinogenesis and cancer development with special reference to the pituitary gland and its target organs] Yokoro K, et al. Saishin Igaku 23:503-12, 10 Mar 68 (75 ref.) (Jap)

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ex education of the prepubescent and pubescent female. Semmens JP. Clin Obstet Gynec 11:757-68, Sep 68 (14 ref.)

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The renin-angiotensin system during normal and pathologic pregnancy] Cession G, et al. Path Biol (Paris) 16:589-92, May 68 (85 ref.) (Fre)

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Osteoporosis, or the osteoporosities? Bollet AJ. Amer J Med Sci 256:271-8, Nov 68 (51 ref.)

SEX CHROMOSOME ABNORMALITIES

COMPLICATIONS

Genetic causes of primary amenorrhea. Peris LA. Clin Obstet Gynec 11:835-53, Sep 68 (26 ref.)

STEROIDS

ANALYSIS

Gas-liquid chromatographic (GLC) methods for the analysis of steroids and their derivatives. VandenHeuvel WJ, et al. Med Res Engin 7:10-22, 1968 (132 ref.)

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ENZYMOLOGY

[Clinical pathological significance of ovarian and testicular enzymopathies] Juiesz M. Orv Hetil 109:505-11, 10 Mar 68 (130 ref.) (Hun)

TESTOSTERONE

PHARMACODYNAMICS

[Contribution to the study of the relationships between androgens and lipid metabolism. Effects of testosterone on blood and tissue lipids in the intact rat] Flamigni C, et al. Riv Ital Ginec 51:217-45, Mar 67 (74 ref.) (Ita)

METHOD SECTION

This section is meant to be an alerting device for articles which describe: 1) new methods or techniques, 2) modifications of existing methods or 3) comparisons of different methods. For methods on a particular substance or for a specific type of method, see the subject index or the subject section(particularly the subheadings: analysis, blood, cerebrospinal fluid and urine).

Percutaneous transjugular approach to adrenal venography. Lecky JW.
Amer J Roentgen 104:380-5, Oct 68
*ADRENAL GLAND DISEASES, radiography/ ADRENAL GLANDS, blood supply/ CATHETERIZATION, instrumentation/ DIATRIZOATE/ HUMAN/ *JUGULAR VEIN/ METHODS/ *PHLEBOGRAPHY/ RENAL VEINS

Adrenal cells in tissue culture. I. Assay of steroid products; steroidogenic responses to peptide hormones. Kowal J, et al.
Arch Biochem 128:406-21, Nov 68
ACETATES, metabolism/ *ADRENAL GLAND NEOPLASMS, metabolism/ *ADRENAL GLANDS, cytology/ ANDROSTANES, biosynthesis/ ANDROSTANES, metabolism/ ANIMAL EXPERIMENTS/ CARBON ISOTOPES/ CHOLESTEROL, metabolism/ CHROMATOGRAPHY, THIN LAYER/ CLONE CELLS/ CORTICOTROPIN, pharmacodynamics/ FLUOROMETRY/ KINETICS/ MALE/ METHODS/ MICE/ *PEPTIDES, pharmacodynamics/ PREGNENOLONE, metabolism/ PROGESTATIONAL HORMONES, analysis/ PROGESTATIONAL HORMONES, biosynthesis/ *PROGESTATIONAL HORMONES, metabolism/ PROGESTERONE, metabolism/ SPECTROPHOTOMETRY/ STIMULATION, CHEMICAL/ *TISSUE CULTURE/ TRITIUM

Preparation of 131-I-labelled growth hormone from the anterior pituitary of domestic animals. I. Isolation, fractionation and labelling on Sephadex G-200. Abdel-Wahab MF, et al.
Arzneimittelforschung 17:778-81, Jun 67
ANIMAL EXPERIMENTS/ BUFFALOES/ CAMELS/ CATTLE/ CHEMISTRY, ANALYTICAL/ CHROMATOGRAPHY/ IODINE ISOTOPES/ METHODS/ *PITUITARY GLAND, analysis/ SOMATOTROPIN, analysis/ *SOMATOTROPIN, isolation & purification/ SPECTRUM ANALYSIS/ ULTRAVIOLET RAYS

Preparation of 131I-labelled growth hormone from the anterior pituitary of domestic animals. Abdel-Wahab MF, et al. **Arzneimittelforschung** 18:334-6, Mar 68
ANIMAL EXPERIMENTS/ BIOLOGICAL ASSAY/ BODY WEIGHT/ BUFFALOES/ CAMELS/ CATTLE/ FEMALE/ IODINE ISOTOPES/ METHODS/ *PITUITARY HORMONES, ANTERIOR/ RATS/ SOMATOTROPIN, analysis/ *SOMATOTROPIN, isolation & purification/ SOMATOTROPIN, pharmacodynamics/ *TISSUE EXTRACTS, analysis

A radioimmunoassay for human pituitary luteinising hormone using paper chromato-electrophoresis. Burger HG, et al.
Aust J Exp Biol Med Sci 46:541-53, Oct 68
ADOLESCENCE/ ADULT/ AGED/ CHROMATOGRAPHY, PAPER/ ELECTROPHORESIS/ FEMALE/ FSH, blood/ GONADOTROPINS, CHORIONIC, blood/ HUMAN/ IODINE ISOTOPES/ *LH, blood/ MALE/ MENSTRUATION/ METHODS/ MIDDLE AGE/ *RADIOIMMUNOASSAY/ RADIOIMMUNOASSAY, standards

Radioimmunoassay for ovine, caprine and bovine prolactin in plasma and tissue extracts. Bryant GD, et al. **Biochem J** 109:831-40, Oct 68
ADSORPTION/ ANIMAL EXPERIMENTS/ CATTLE/ CHARCOAL/ CHROMATOGRAPHY/ DEXTRAN/ ELECTROPHORESIS/ GOATS/ GUINEA PIGS/ IMMUNE SERUMS/ IODINE ISOTOPES/ METHODS/ *PITUITARY GLAND, analysis/ *PROLACTIN, analysis/ PROLACTIN, blood/ PROLACTIN, secretion/ PROTEIN BINDING/ RABBITS/ RADIOIMMUNOASSAY/ SHEEP/ SOMATOTROPIN, analysis

Preparation of highly purified human thyroglobulin. Cheng HF, et al.
Biochim Biophys Acta 168:161-4, 10 Sep 68
ANTIGENS/ BLOOD PROTEINS/ DRUG ADULTERATION/ ELECTROPHORESIS/ GAMMA GLOBULIN/ HUMAN/ IMMUNE SERUMS/ IMMUNOELECTROPHORESIS/ IODINE ISOTOPES/ MACROGLOBULINS/ METHODS/ PRECIPITATION/ RABBITS/ *THYROGLOBULIN, isolation & purification

Purification of rat prolactin and growth hormone using preparative polyacrylamide gel electrophoresis. Groves WE, et al.
Biochim Biophys Acta 168:113-21, 10 Sep 68
ANIMAL EXPERIMENTS/ BIOLOGICAL ASSAY/ CHEMISTRY, ANALYTICAL/ ELECTROPHORESIS/ HYDROGEN-ION CONCENTRATION/ METHODS/ MOLECULAR WEIGHT/ *PITUITARY GLAND/ PROLACTIN, isolation & purification/ PROLACTIN, pharmacodynamics/ RATS/ *SOMATOTROPIN, isolation & purification/ SOMATOTROPIN, pharmacodynamics/ SOMATOTROPIN, standards/ SPECTROPHOTOMETRY/ THYROTROPIN, pharmacodynamics/ TIBIA, drug effects

Estimating plasma antidiuretic hormone levels. Gupta KK. **Brit Med J** 4:185, 19 Oct 68
BIOLOGICAL ASSAY/ ECLAMPSIA, blood/ EDEMA, blood/ FEMALE/ HEART FAILURE, CONGESTIVE, blood/ HUMAN/ MALE/ METHODS/ NEPHROTIC SYNDROME, blood/ PREGNANCY/ RATS/ *VASOPRESSIN, blood

METHOD SECTION

ubmucosal infranasal transsphenoidal hypophysectomy. Shealy CN, et al. **Bull Los Angeles Neurol Soc** 33:185-96, Oct 68
HUMAN/ *HYPOPHYSECTOMY/ METHODS/ *PITUITARY NEOPLASMS, surgery/ *SELLA TURCICA, surgery/ SKULL, radiography/ *SPHENOID SINUS, surgery

icro-determination of human plasma renin activity with the addition of homologous substrate. Arawaka K, et al. **Clin Chim Acta** 22:309-15, Nov 68
ANGIOTENSIN, blood/ ANIMAL EXPERIMENTS/ BIOLOGICAL ASSAY/ BLOOD PRESSURE, drug effects/ *BLOOD PROTEINS/ CHROMATOGRAPHY, ION EXCHANGE/ DRUG STABILITY/ HUMAN/ HYDROGEN-ION CONCENTRATION/ KIDNEY, enzymology/ KINETICS/ METHODS/ MICROCHEMISTRY/ RATS/ *RENIN, blood/ STIMULATION, CHEMICAL

rinary testosterone excretion. Moxham A, et al. **Clin Chim Acta** 22:385-92, Nov 68
ADRENAL GLANDS, physiology/ ADRENALECTOMY/ CARBON ISOTOPES/ CASTRATION/ CHROMATOGRAPHY, PAPER/ CHROMATOGRAPHY, THIN LAYER/ FEMALE/ FLUOROMETRY/ GEL FILTRATION/ HIRSUTISM, urine/ HUMAN/ HYPOGONADISM, urine/ MALE/ METHODS/ OVARY, physiology/ STEIN-LEVENTHAL SYNDROME, urine/ *TESTOSTERONE, urine

pectrofluorometric characteristics and specificity of direct fluorometry of Kober chromogens. Skramovský V, et al. **Clin Chim Acta** 22:161-4, Oct 68
ACETIC ACIDS/ DEHYDROEPIANDROSTERONE, analysis/ ESTRADIOL, analysis/ *ESTROGENS, analysis/ ESTRONE, analysis/ FLUORESCENCE/ FLUOROMETRY/ HUMAN/ HYDROCORTISONE, analysis/ INDICATORS AND REAGENTS/ METHODS/ PROGESTATIONAL HORMONES, analysis/ SOLVENTS/ *STEROIDS, analysis

ryoablation of the pituitary in the treatment of progressive diabetic retinopathy. Adams DA, et al. **Diabetes** 17:634-40, Oct 68
ADULT/ *CRYOGENIC SURGERY/ DIABETES INSIPIDUS, complications/ DIABETES MELLITUS, drug therapy/ *DIABETIC RETINOPATHY, surgery/ FEMALE/ FOLLOW-UP STUDIES/ FUNDUS OCULI/ HUMAN/ *HYPOPHYSECTOMY/ INSULIN, administration & dosage/ MALE/ METHODS/ MIDDLE AGE/ PITUITARY GLAND, pathology/ POSTOPERATIVE COMPLICATIONS/ STEREOTAXIC TECHNICS/ VISUAL ACUITY

Action of gonadotrophins in vitro on the respiration of isolated interstitial cells from the testis of the rat. Hamberger LA, et al. **Endocrinology** 83:855-60, Oct 68
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ENDOCRINOLOGY INDEX

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PREFACE

The Endocrinology Index is a bimonthly publication of the National Institute of Arthritis and Metabolic Diseases. This selected bibliography which is produced from the National Library of Medicine's Medical Literature Analysis and Retrieval System (MEDLARS), has been initiated to supply those scientists working in the field of endocrinology with a much needed current awareness tool and is intended to help facilitate greater integration of research and clinical efforts in this field.

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EXPLANATION OF FORMAT

period covered by this issue of the bibliography corresponds to the months of Index Medicus. The journal coverage is limited to journals red by Index Medicus, but the Endocrinology Index contains additional ect headings that are not included in Index Medicus. This Endocrinology is arranged in seven sections: 1) Table of Contents; 2) Subject ion; 3) Review Section; 4) Method Section; 5) Author Section; ubject Index; and 7) Author Index.

ect Section

section is for the reader interested in recent literature related to in broad topics. The subject section is divided into eight categories itary, thyroid, etc.). The endocrine pancreas has not been included e it is the subject of another recurring bibliography, Diabetes rature Index. Each category has a preconceived hierarchical ization of subject headings. A particular citation may appear more once if it deals with multiple topics. Each citation to an article ins the full title, first author, and journal reference. If the le is written in a foreign language, the language is indicated. If itation is to a review article, the number of references is given.

r Section

section provides the reader with a list of keywords or index terms ned to each citation. In this section each article appears only The citations are arranged alphabetically according to first author re numbered consecutively. These numbers are then used in the Author ubject Indexes to enable the reader to identify references with ease. omplete citations (including index terms) are found in this section, nly the first three authors are listed. Foreign titles appear in riginal language; these titles have been translated into English in ubject Section. Following each citation are index terms which have assigned to describe the contents of the article. Index terms r in capital letters; some of these are accompanied by subheadings appear in lower case letters; asterisks (*) identify the index terms which articles appear in Index Medicus.

ct Index

f the index terms assigned to the citations appearing in the ography are listed, followed by citation numbers which correspond e numbers in the Author Section. This section is included for the nience of the reader who wishes to select articles falling in ories of his own conception. For example, one who is interested in in binding of a particular hormone could quickly find whether there any articles dealing with this subject by seeing whether there were itation numbers common to the two headings "protein binding" and ame of the specific hormone.

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II. Thyroid Hormones, Precursors, Metabolites and Synthetic Analogs

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II. Disorders of the Gonads

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METHOD SECTION

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